

**CITY OF CHICAGO
DIRECT PAY RATES**

10/30/2007 Final

EFFECTIVE JANUARY 1, 2008

TYPE OF PLAN	LEVEL OF COVERAGE		
	SINGLE EE	EE PLUS ONE	EE PLUS TWO OR MORE
PPO			
BLUE CROSS BLUE SHIELD PPO	\$395.21	\$715.81	\$1,062.49
BLUE CROSS BLUE SHIELD PPO/HCA	\$362.82	\$657.15	\$975.41
BLUE CROSS BLUE SHIELD SEASONAL PPO	\$130.42	\$257.69	\$446.24
HMO			
BLUE ADVANTAGE HMO	\$303.34	\$584.21	\$902.48
UNICARE HMO PERFORMANCE	\$375.10	\$782.32	\$1,097.01
ALTERNATIVE COVERAGE			
ALTERNATIVE COVERAGE	\$174.61	\$349.23	\$523.84
COMPBENEFITS HMO			
COMPBENEFITS HMO	\$10.89	\$25.17	\$25.17
COMPBENEFITS PPO			
COMPBENEFITS PPO	\$17.85	\$33.35	\$57.02
VISION			
VISION	\$3.90	\$7.79	\$11.69